

**Infection Prevention & Control Nurses College (IPCNC)**

**Travel & Education Scholarship Application Form**

**Closes:** 30 April and 31 August annually

A858

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postal Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current position**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Year of joining IPCNC**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(The applicant must have been a IPCNC member for the previous two years)*

**I currently work in a role with infection prevention and control responsibility.** No ☐ Yes ☐

**I agree to return any funding received from IPCNC should the project for which funding is sought not go ahead.** No [ ]  Yes [ ]

**I agree to provide a brief written report, suitable for publication in the Controlla, to the IPCNC national committee within three months of completion of study/ conference, .** No ☐ Yes ☐

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**Applicant Signature Date**

 **Section One:** Relevance of course/ conference to infection prevention and control practice

* 1. **Name of course/ conference**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. **Location**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. **Application Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.4 Objectives for attending course / conference:**

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**Section Two:** Contribution to IPCNC

**2.0 Outline your past and present involvement in IPCNC:**

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 **Section Three:** Future contribution to infection prevention and control nursing

**3.0 State the benefit/s to infection prevention and control nursing practice from this course/ conference attendance**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section Four:** Evidence of financial need

**4.0 Outline costs involved in attending this course/ conference**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**4.1 List funding available to you from other sources** *(include salary, paid leave, sponsorship etc.):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**4.2 List other sources from which funding has been sought but not confirmed**: \_\_\_\_\_\_\_\_\_\_\_

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**4.3 Amount sought from IPCNC Travel & Education Scholarship**: *(Up to $2500.00 per person)*

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* 1. **Have you applied to this fund in the past?** (*If yes give details)*No [ ]  Yes [ ]

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**4.4 Please provide any other information that would support your application:** \_\_\_\_\_\_\_\_\_\_\_

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Please email completed application to:

secretary@ipcnc.co.nz

Closing Dates: 31st April, 31st August